## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) American College of Radiology Association Political Action Comm	ittee C C00343459 FEC IDENTIFICATION NUMBER ▼
Check If 24-hour report X 48-hour report New report Amends report	filed on Mam / Dab / Yayayay
Full Name (Last, First, Middle Initial) of Payee  Mammen Group Inc.	Date
Mailing Address 1901 L Street, N.W.	10 15 2012
Suite 650	Amount
City State Zip Code	23790.70
Washington DC 20036	Transaction ID : V05AC1CE5599359606A4
Printed Advertising for Mailing Type	Office Sought: House State: NM  Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Top. Watan Holling	
	Disbursement For: Primary General  Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure  Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	23790.70
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>•</b>
(c) TOTAL Independent Expenditures	23790.70
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
DR. William Herrington [Electronically Filed] Date	10 11 2012
Signature	